

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000060106

Entity Name

BURAK, INC.



FILED
Jan 31, 2005 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

482 JACKSONVILLE DR
JACKSONVILLE BEACH FL 32250
US

482 JACKSONVILLE DR
JACKSONVILLE BEACH FL 32250
US



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3209442		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BURAK, CARL M 482 JACKSONVILLE DR JACKSONVILLE BEACH FL 32250				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	000000206292	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURAK, CARL S			NAME	01/31/05-80078-010 150.00		
STREET ADDRESS	482 JACKSONVILLE DR			STREET ADDRESS			
CITY, ST, ZIP	JACKSONVILLE BEACH FL 32250			CITY, ST, ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURAK, RONNIE L			NAME			
STREET ADDRESS	482 JACKSONVILLE DR			STREET ADDRESS			
CITY, ST, ZIP	JACKSONVILLE BEACH FL 32250			CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY, ST, ZIP				CITY, ST, ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

Ronnie L Burak *Ronnie L Burak* 1/25/05 (904) 242-
1/25/05 (904) 242-